# mmumicable Disease

August 2010

Volume 3, Issue 8

## **Monthly Newsletter**

For Joplin City and Jasper County

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## Salmonella Linked to Eggs in the U.S.

August 23, 2010

gg-associated salmonellosis (Salmonella Enteritidis) is an important public health problem that can cause illness in many countries



including the United States.

## **Signs and Symptoms**

A person infected with the salmonella bacterium usually has fever, abdominal cramps, and diarrhea beginning 12 to 72 hours after consuming a contaminated food or beverage. The illness usually lasts 4 to 7 days, and most persons recover without antibiotic treatment. However, in some people, the diarrhea can be severe enough to require hospitalization.

### **How Eggs become Contaminated**

The current salmonella epidemic is due to intact and disinfected eggs. Salmonella enteritidis contaminates the eggs before the shells are formed. Most types of salmonella live in the intestinal tracts of animals and birds and are transmitted to humans by contaminated foods of animal origin.

## **Reducing the Risk**

- Keep eggs refrigerated.
- Discard cracked or dirty eggs.
- Wash hands and cooking utensils with soap and water after contact with raw
- Eat eggs promptly after cooking.
- Refrigerate unused or leftover eggcontaining foods.
- Avoid eating raw eggs.
- Avoid restaurant dishes made with

raw or undercooked as well as unpasteurized eggs.

## What Else is Being Done?

- Identifying and removing infected flocks from the egg supply and increasing quality assurance and sanitation measures.
- Testing the breeder flocks that produce egg-laying chickens so as to ensure that they are free of Salmonella enteritidis.
- Pasteurizing eggs from infected commercial flocks instead of selling them as grade A shell eggs.
- The Food and Drug Administration has issued guidelines for handling eggs in retail food establishments and will be monitoring infection in laying hens.

Adapted from CDC website.

### **Local Salmonella Illness Updates**

There have been 13 salmonella illnesses reported in the local area since January.

- Joplin City-6 cases
- Jasper County—7 cases

Of the 13 cases, only 2 (one from each jurisdiction) were Salmonella Enteritidis but were not linked to the recent eggs recall.

Communicable disease staff at the health departments are working with health care providers to monitor, track and investigate all reported cases.

## Universal Seasonal Flu Vaccination Recommended

DC recommends a yearly flu vaccination as the first and most important step in protecting against the flu. The U.S. 2010-2011 seasonal influenza vaccine will protect against an H3N2 virus, an influenza B virus, and the 2009 H1N1 virus that emerged last year to cause the first global pandemic in more than 40 years resulting in substantial illness, hospitalizations and deaths.

Seasonal 2010-11 vaccine has begun shipping from manufacturers and CDC recommends that everyone 6 months and older get the flu vaccine as vaccine is available.

While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. However, some people that should not be vaccinated without first consulting a physician include;

- People with a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillian-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Children younger than 6 months of age.
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health care provider.



Source: CDC

## **Preventing Spread of Illnesses Among Students**

With schools now in session, children will be spending more time in the classroom rather than outdoors. By sharing the indoor environment with many others, there is some potential for a variety of infectious illnesses such as influenza, pertussis, measles, E.coli, shigella etc.

In order to prevent and control the spread of such infectious diseases, students and their families can do the following;

- Washing hands with soap and water. This is the single most important thing to prevent illness. If soap and water is not available, an alcohol-based hand sanitizer can be used.
- Disinfecting surfaces and frequently used objects.
- Avoiding sneezing on hands. Best way is to sneeze into elbow or sleeve.
- Using tissue once and then discarding it.
- Staying home when ill until you fell better. This prevents the spread of diseases to others.
- Avoiding to share food and drink with others.
- Avoiding touching your eyes, nose and mouth as that is one way you can get sick.
- Ensuring vaccinations are up to date for you and your child.

By doing so, you will be protecting yourself, your family and your community.



## Communicable Diseases Monthly Report—July-August 2010

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Table 1

Cumulative Cases from January Through End of August in Joplin City and Jasper County; 2009 & 2010. (Data includes confirmed, probable and suspect cases)

2009   2010   2009   2010	CONDITION / YEAR BY LPHA	JOPLIN		JASPER	
ANIMAL BITES  CAMPYLOBACTERIOSIS  6 12 15 86  COCCIDIOIDOMYCOSIS  1 1 0 0 0  CRYPTOSPORIDIOSIS  1 3 1 5  E. COLI (SHIGA TOXIN)  0 1 2 2  E. COLI (SHIGA TOXIN)  0 1 3 1  EHRLICHIA CHAFFEENSIS  1 0 3 2  EHRLICHIA EWINGII  0 0 0 0 1  GIARDIASIS  HAEMOPHILUS INFLUENZAE  HAEMOPHILUS INFLUENZAE  HEPATITIS A ACUTE  HEPATITIS B CHRONIC  HEPATITIS B CHRONIC  HEPATITIS C, CHRONIC INFECTION  1 1 4 4 3  HEPATITIS C, CHRONIC INFECTION  1 1 5 2 2  EGIONELLOSIS  1 0 0 0 1  HEPATUSSIS  1 1 0 0 0 0 0  1 0 0 0 0 0 0 0  1 0 0 0 0		2009	2010	2009	2010
CAMPYLOBACTERIOSIS  6 12 15 86  COCCIDIOIDOMYCOSIS  1 1 0 0 0  CRYPTOSPORIDIOSIS  E. COLI (SHIGA TOXIN)  E. COLI (SHIGA TOXIN)  E. COLI (SHIGA TOXIN)  O 1 2 2  E. COLI O157 H7  O 1 3 1  EHRLICHIA CHAFFEENSIS  I 0 3 2  EHRLICHIA EWINGII  GIARDIASIS  HAEMOPHILUS INFLUENZAE  HEPATITIS A ACUTE  HEPATITIS B PREGNANCY  HEPATITIS B PREGNANCY  HEPATITIS B CHRONIC  HEPATITIS C ACUTE  HEPATITIS C ACUTE  HEPATITIS C, CHRONIC INFECTION  I 1 4 4 5 7 8 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ANAPLASMA PHAGOCYTOPHILUM	0	0	0	1
COCCIDIOIDOMYCOSIS  CRYPTOSPORIDIOSIS  E. COLI (SHIGA TOXIN)  E. COLI (SHIGA TOXIN)  O  1  2  2  E. COLI (SHIGA TOXIN)  O  1  2  2  E. COLI (SHIGA TOXIN)  O  1  3  1  EHRLICHIA CHAFFEENSIS  1  O  3  2  EHRLICHIA EWINGII  O  O  O  1  GIARDIASIS  O  1  4  4  4  4  4  4  4  4  4  4  4  4	ANIMAL BITES	125	39	101	32
CRYPTOSPORIDIOSIS         1         3         1         5           E. COLI (SHIGA TOXIN)         0         1         2         2           E. COLI (SHIGA TOXIN)         0         1         2         2           E. COLI (SHIGA TOXIN)         0         1         2         2           E. COLI (SHIGA TOXIN)         0         1         3         1           E. COLI (SHIGA TOXIN)         0         1         3         1           E. COLI (SHIGA TOXIN)         0         1         3         1           EHRLICHIA CHAFFEENSIS         1         0         0         0         1           EHRLICHIA CHAFFEENSIS         1         0         0         0         1         4         1         0         0         1         0         0         1         0         1         0         1         0         1         1 <td>CAMPYLOBACTERIOSIS</td> <td>6</td> <td>12</td> <td>15</td> <td>86</td>	CAMPYLOBACTERIOSIS	6	12	15	86
E. COLI (SHIGA TOXIN)  E. COLI (O157 H7  O 1 3 1 2 2 2 1 1 2 2 2 1 1 2 2 1 1 2 1 2	COCCIDIOIDOMYCOSIS	1	1	0	0
E. COLI 0157 H7	CRYPTOSPORIDIOSIS	1	3	1	5
EHRLICHIA CHAFFEENSIS         1         0         3         2           EHRLICHIA EWINGII         0         0         0         1           GIARDIASIS         0         1         4         4           HAEMOPHILUS INFLUENZAE         0         0         1         0           HEPATITIS A ACUTE         0         0         1         0           HEPATITIS B PREGNANCY         3         1         1         0           HEPATITIS B ACUTE         6         4         2         3           HEPATITIS B CHRONIC         1         3         4         3           HEPATITIS C, CHRONIC INFECTION         51         31         52         26           LEGIONELLOSIS         1         0         0         0         0           MYCOBACTERIUIM OTHER THAN TB         1         1         4         1         1           PERTUSSIS         3         1         15         3         2         2         2           ABIES POST EXPO PROPHYLAXIS         2         0         0         1         0         0         1           ROCKY MOUNTAIN SPOTTED FEVER         3         2         2         2         2         2 <td>E. COLI (SHIGA TOXIN)</td> <td>0</td> <td>1</td> <td>2</td> <td>2</td>	E. COLI (SHIGA TOXIN)	0	1	2	2
EHRLICHIA EWINGII  GIARDIASIS  0 1 4 4 4 4	E. COLI 0157 H7	0	1	3	1
GIARDIASIS  HAEMOPHILUS INFLUENZAE  HEPATITIS A ACUTE  HEPATITIS B PREGNANCY  HEPATITIS B PREGNANCY  HEPATITIS B ACUTE  HEPATITIS B CHRONIC  HEPATITIS C ACUTE  HEPATITIS C, CHRONIC INFECTION  HEPATITIS B ACUTE  A U  HEPATITIS C  A U	EHRLICHIA CHAFFEENSIS	1	0	3	2
HAEMOPHILUS INFLUENZAE	EHRLICHIA EWINGII	0	0	0	1
HEPATITIS A ACUTE	GIARDIASIS	0	1	4	4
HEPATITIS B PREGNANCY   3	HAEMOPHILUS INFLUENZAE	0	0	1	0
HEPATITIS B ACUTE	HEPATITIS A ACUTE	0	0	1	0
HEPATITIS B CHRONIC	HEPATITIS B PREGNANCY	3	1	1	0
HEPATITIS C ACUTE	HEPATITIS B ACUTE	6	4	2	3
HEPATITIS C, CHRONIC INFECTION   51   31   52   26	HEPATITIS B CHRONIC	1	3	4	3
LEGIONELLOSIS         1         0         0         0           MYCOBACTERIUIM OTHER THAN TB         1         1         4         1           PERTUSSIS         3         1         15         3           Q FEVER (ACUTE)         0         1         0         0           RABIES POST EXPO PROPHYLAXIS         2         0         0         1           ROCKY MOUNTAIN SPOTTED FEVER         3         2         2         2           SALMONELLOSIS         7         6         5         7           SHIGELLOSIS         0         4         0         1           STREP DISEASE, GROUP         0         1         0         0           TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	HEPATITIS C ACUTE	2	0	0	1
MYCOBACTERIUIM OTHER THAN TB         1         1         4         1           PERTUSSIS         3         1         15         3           Q FEVER (ACUTE)         0         1         0         0           RABIES POST EXPO PROPHYLAXIS         2         0         0         1           ROCKY MOUNTAIN SPOTTED FEVER         3         2         2         2           SALMONELLOSIS         7         6         5         7           SHIGELLOSIS         0         4         0         1           STREP DISEASE, GROUP         0         1         0         0           TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	HEPATITIS C, CHRONIC INFECTION	51	31	52	26
PERTUSSIS       3       1       15       3         Q FEVER (ACUTE)       0       1       0       0         RABIES POST EXPO PROPHYLAXIS       2       0       0       1         ROCKY MOUNTAIN SPOTTED FEVER       3       2       2       2         SALMONELLOSIS       7       6       5       7         SHIGELLOSIS       0       4       0       1         STREP DISEASE, GROUP       0       1       0       0         TB DISEASE       2       0       0       0         TB INFECTION       22       4       23       16	LEGIONELLOSIS	1	0	0	0
Q FEVER (ACUTE)       0       1       0       0         RABIES POST EXPO PROPHYLAXIS       2       0       0       1         ROCKY MOUNTAIN SPOTTED FEVER       3       2       2       2         SALMONELLOSIS       7       6       5       7         SHIGELLOSIS       0       4       0       1         STREP DISEASE, GROUP       0       1       0       0         TB DISEASE       2       0       0       0         TB INFECTION       22       4       23       16	MYCOBACTERIUIM OTHER THAN TB	1	1	4	1
RABIES POST EXPO PROPHYLAXIS       2       0       0       1         ROCKY MOUNTAIN SPOTTED FEVER       3       2       2       2         SALMONELLOSIS       7       6       5       7         SHIGELLOSIS       0       4       0       1         STREP DISEASE, GROUP       0       1       0       0         TB DISEASE       2       0       0       0         TB INFECTION       22       4       23       16	PERTUSSIS	3	1	15	3
ROCKY MOUNTAIN SPOTTED FEVER         3         2         2         2           SALMONELLOSIS         7         6         5         7           SHIGELLOSIS         0         4         0         1           STREP DISEASE, GROUP         0         1         0         0           TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	Q FEVER (ACUTE)	0	1	0	0
SALMONELLOSIS       7       6       5       7         SHIGELLOSIS       0       4       0       1         STREP DISEASE, GROUP       0       1       0       0         TB DISEASE       2       0       0       0         TB INFECTION       22       4       23       16	RABIES POST EXPO PROPHYLAXIS	2	0	0	1
SHIGELLOSIS         0         4         0         1           STREP DISEASE, GROUP         0         1         0         0           TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	ROCKY MOUNTAIN SPOTTED FEVER	3	2	2	2
STREP DISEASE, GROUP         0         1         0         0           TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	SALMONELLOSIS	7	6	5	7
TB DISEASE         2         0         0         0           TB INFECTION         22         4         23         16	SHIGELLOSIS	0	4	0	1
TB INFECTION 22 4 23 16	STREP DISEASE, GROUP	0	1	0	0
	TB DISEASE	2	0	0	0
VARICELLA (CHICKENPOX) 1 0 25 9	TB INFECTION	22	4	23	16
	VARICELLA (CHICKENPOX)	1	0	25	9

### **Data Review**

Some diarrheal illnesses e.g. *Campylobacteriosis* and *Cryptosporidiosis* continued to increase in 2010 thus exceeding cases reported in previous years within the same period i.e. January through August.

The drastic increase in *Campylobacter* illness in Jasper County was largely due to an outbreak that was reported in March.

Tick-borne illnesses, such as Rocky Mountain spotted fever, Ehrichiosis, lyme etc in Jasper County and Joplin City continue to be within the normal range compared to data reported in previous years. (Table1)

Data Analysis: Joplin City/Jasper County Communicable Disease Surveillance, 2010.

Source: Crystal Reports, DHSS

## Sexually Transmitted Diseases: Joplin City/Jasper County: July 2010

There were about 52 cases of chlamydia and 6 cases of gonorrhea reported in the month of July in Joplin/Jasper County. This was an increase from 33 cases of chlamydia, 5 cases of gonorrhea and 2 cases of syphilis in June.

Of the 52 chlamydia cases in July, Joplin City had 34 cases while Jasper County had 18 cases. As for gonorrhea, Joplin City had 5 while Jasper County had 4.

Source: Missouri Department of Health and Senior Services, DHSS

### **Contacts**

**Joplin City Health Department:** (417) 623-6122

Jasper County Health Department (417) 358-3111

For Questions, and/or Comments about this newsletter, contact;

Joseph T. Njenga, MPH Regional Epidemiologist, City of Joplin Health Department Jasper County Health Department 321 E. 4th Street Joplin, MO. 64801

Office Tel: (417) 623-6122 Email; JNjenga@Joplinmo.org

#### **UPCOMING TRAININGS AND EVENTS**

"Biting Back: How Public Health and Law Enforcement Work Together to Prevent Rabies," - Tuesday, September 14<sup>th</sup>. Hosted by the Jasper County Health Department and the Missouri Department of Health and Senior Services from 2:00-4:00 pm. The program will be held at McCune-Brooks Regional Hospital, Carthage, MO.

This presentation will cover basic concepts of rabies transmission and prevention, legal options related to animal quarantine and testing, and how public health and law enforcement work together to help protect the public from this disease.

The program will be presented by Dr. Howard Pue, State Public Health Veterinarian, DHSS. Public health officials, allied health professionals, law enforcement, animal control personnel, veterinarians, and policymakers are invited

Seating is limited and registration is required. For more information or to register, call Dee Schofield at the Jasper County Health Department: (417) 358-0481.

## **Reporting Diseases and Conditions in Missouri**

A reportable disease is any disease or condition for which an official report is required according to state law (Rule 19 CSR 20-20.020 and 19 CSR 20-20.080) (health care provider and laboratory respectively). These diseases/conditions shall be reported to the local health department or the Missouri Department of Health and Senior Services.

### Why Report

The accurate identification and timely reporting of disease and environmental health conditions is an integral part of successful disease control that;

- Enables the health department to implement disease intervention without delay.
- Assists in identifying contacts who may be infected or individuals at risk of infection.
- Helps to determine occurrence of diseases in the communities.
- Enables provision of aggregate data on possible risk factors associated with diseases.

The data collected from disease reporting;

- Helps physicians evaluate their patients' illnesses.
- ◆ Assists the public to make better decisions regarding their own health and lifestyle.
- Enables public health agencies to target and implement prevention and control measures.
- Permits public health agencies to plan for resource allocation, implement initiatives and evaluate them.

### Who Must Report

Healthcare providers or other institutions providing diagnostic testing, screening or care to any person with any disease or condition. Laboratories are also required to report any test that is positive for, or suggestive of, any disease listed as reportable.

(Source: Missouri Department of Health and Senior Services)

"Opportunities are usually disguised as hard work, so most people don't recognize them".
-Ann Landers